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Ralf Weimann

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23416

APPLICATION NO.

10/612.809

7590

03/19/2004

CONNOLLY BOVE LODGE & HUTZ, LLP P O BOX 2207 **WILMINGTON, DE 19899**

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	J. LY	(Depositor's name)		
	adi	mer F	Tria	(Signature)
	may	N 19.	2004	(Date)
FIRST NAMED INVENTOR	R	ATTORNE	Y DOCKET NO.	CONFIRMATION NO.

07244-00138-US

07/02/2003 TITLE OF INVENTION: COLOUR PHOTOGRAPHIC PRINT MATERIAL

FILING DATE

SMALL ENTITY	ISSUE FEE	I	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
NO	\$1330		\$300	\$1630	06/21/2004
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te assignee category or catego	ries (will not be printe	on the patent);	individual	corporation of other private	group entity 🚨 government
	NO MINER , GERALDINE ce address or indication of "Formation of "Format	NO \$1330 MINER ART UNIT GERALDINE 1752 ce address or indication of "Fee Address" (37 dence address (or Change of Correspondence 122) attached. tion (or "Fee Address" Indication form or more recent) attached. Use of a Customer D RESIDENCE DATA TO BE PRINTED ON THI s an assignee is identified below, no assignee data ed to the USPTO or is being submitted under separ- (B)	NO \$1330 MINER ART UNIT Contact ART UNIT ART UNIT Contact ART UNIT CONTAC	NO \$1330 \$300 MINER ART UNIT CLASS-SUBCLASS GERALDINE 1752 430-553000 ce address or indication of "Fee Address" (37 names of up to 3 registered pate agents OR, alternatively, (2) the names of up to 3 registered pate agents OR, alternatively, (2) the names of up to 3 registered pate agents OR, alternatively, (2) the names of up to 2 ration (or "Fee Address" Indication form or more recent) attached. Use of a Customer D RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) s an assignee is identified below, no assignee data will appear on the patent. Inclusion ed to the USPTO or is being submitted under separate cover. Completion of this form is	NO \$1330 \$300 \$1630 MINER ART UNIT CLASS-SUBCLASS GERALDINE 1752 430-553000 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or 1 agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent). If no name is listed, no name will be printed. D RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) s an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only approped to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an account of the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an account of the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an account of the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an account of the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an account of the USPTO or is substitute for filing an account of the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an account of the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an account of the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an account of the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an account of the USPTO or is being submitted under separate cover.

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Application No. (if known): 10/612809

Attorney Docket No.: 07244-00138-US

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Transmittal Letter Form PTOL-85 - PART B Fee Address Indication Form Fee Transmittal

Check in the amount of \$1,630.00

Application No.: 10/612809

MAY 2 4 2004 Docket No.: 07244-00138-US

IN THE UNITED STATES TATE AND TRADEMARK OFFICE

In re Patent Application of:

Ralf Weimann et al.

Application No.: 10/612809

Group Art Unit: 1752

Filed: July 2, 2003

Examiner: G. Letscher

For: COLOUR PHOTOGRAPHIC PRINT

MATERIAL

TRANSMITTAL LETTER

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Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

- 1. Form PTOL-85 PART B;
- 2. Fee Address Indication; and
- 3. Fee Transmittal.

Our check in the amount of \$1,630.00 covering the required fees is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 03-2775, under Order No. 07244-00138-US.

Respectfully submitted.

Ashley I. Pezzper

Registration No.: 35,646

CONNOLLY BOVE LODGE & HUTZ LLP

1007 North Orange Street

P.O. Box 2207

Wilmington, Delaware 19899

(302) 658-9141

Attorney for Applicant

PTO/SB/17 (10-03)
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FEE TRANSMITTAL	ŀ	Complete if Known			10/040000 0 / //0445		
	Application Nun		Numb				
for FY 2004	Filing Date			July 2, 2003 ntor Ralf Weimann			
Effective 10/01/2003, Patent fees are subject to annual revision.	ŀ	First Named Inventor Examiner Name			G. Letscher		
Applicant plains areall antity status. Con 97 OFB 4 97				11116			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit			1752		
TOTAL AMOUNT OF PAYMENT (\$) 1,630.00		Attom	ey Doo	ket No	o. 07244-00138-US		
METHOD OF PAYMENT (check all that apply)				FEE	CALCULATION (continued)		
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Deposit Account:							
Deposit Account 03-2775	Large Fee	Entity Fee	Small	Entity	_		
Number U3-2773	Code	(\$)	Code	(\$)	Fee Description	Fee Paid	
Deposit Account Connolly Bove Lodge & Hutz LLP	1051	130	2051	65	Surcharge – late filing fee or oath		
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.		
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English specification		
	1812	2,520	1812			\dashv	
X Charge any additional fee(s) or any underpayment of fee(s)					For filing a request for ex parte reexamination Requesting publication of SIR prior to		
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Examiner action		
to the above-identified deposit account.	1805	1,840*	1805	1,840*	REQUESTING PUBLICATION OF SIR AFTER		
FEE CALCULATION	1251	110	2251		Extension for reply within first month		
1. BASIC FILING FEE Large Entity Small Entity	1252 1253	420 950	2252 2253	210 475	Extension for reply within second month Extension for reply within third month		
Fee Fee Fee Fee Description Fee Paid	1254	1,480	2254		Extension for reply within fourth month		
Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee	1255	2,010	2255		Extension for reply within fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401		Notice of Appeal		
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal		
1004 770 2004 385 Reissue filing fee	1403	290	2403		Request for oral hearing		
1005 160 2005 80 Provisional filing fee	1451 1452	1,510	1451 2452	1,510 55	Petition to institute a public use proceeding Petition to revive – unavoidable		
SUBTOTAL (1) (\$) 0.00	1453	1,330	2453	665	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)	1,330.00	
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design issue fee		
Total Claims -20** = x =	1503	640	2503	320	Plant issue fee	T is	
Independent -3** = x = x	1460	130	1460	130	Petitions to the Commissioner		
Multiple Dependent =	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	!	
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt		
Fee Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))		
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	For each additional invention to be		
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385	examined (37CFR 1.129(b)) Request for Continued Examination (RCE)		
over original patent	1802	900	1802	900	Request for expedited examination	-	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		ı		1504	of a design application Publication fee for early, voluntary, or	300.00	
		fee (spec	•	1504	normal publication	300.00	
**or number previously paid, if greater; For Reissues, see above	*Redu	iced by E	Basic Fil	ing Fee	e Paid SUBTOTAL (3) (\$)	1,630.00	
SUBMITTED BY (Complete (if applicable))							
Name (Print/Type) Ashley L. Pezzner		ation No ey/Agent)	35,	646	Telephone (302) 658-9141		
Signature	Λ.	A.			Date 5/19/01/		
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